# © 2018 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)

# United States Bankruptcy Court Western District of Washington, Seattle Division

IN RE:		Case No
McCaffree, Lind Patrick & McCaf	ffree, Rose Colleen	Chapter 7
	Debtor(s)	
	VERIFICATION OF CREDITOR MA	TRIX
The above named debtor(s) here	by verify(ies) that the attached matrix listing cred	itors is true to the best of my(our) knowledge.
Date: December 6, 2018	Signature: /s/ Lind Patrick McCaffree	
	Lind Patrick McCaffree	Debtor
Date: December 6, 2018	Signature: /s/ Rose Colleen McCaffree	
	Rose Colleen McCaffree	Joint Debtor, if any

AT&T c/o Bankruptcy 4331 Communications Dr Dallas, TX 75211-1300

Dell Financial Services PO Box 81577 Austin, TX 78708-1577

FCI Lender Services 8180 E Kaiser Blvd Anaheim, CA 92808-2277

IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

Kohls Credit Kohl's Credit PO Box 3043 Milwaukee, WI 53201-3043

Michelle R. Ghidotti, Esq 13751 Lake City Way NE Ste 350 Seattle, WA 98125-8612

Puget Sound Collections PO Box 66995 Tacoma, WA 98464-6995 Radius Global Solutions 7831 Glenroy Rd Ste 250A Minneapolis, MN 55439-3132

Renton Collections PO Box 272 Renton, WA 98057-0272

State Collection Service PO Box 6250 Madison, WI 53716-0250

Target PO Box 660170 Dallas, TX 75266-0170

The Law Offices of Michelle Ghidotti 1920 Old Tustin Ave Santa Ana, CA 92705-7811

Wells Fargo PO Box 51193 Los Angeles, CA 90051-5493

Fill in thi	a information to identify your			
	s information to identify your			
Debtor 1	Lind Patrick McCaffree First Name	Middle Name	Last Name	
Debtor 2	Rose Colleen McCaffre		Lackbase	
(Spouse if, filing)		Middle Name	Last Name	
United States Bar	kruptcy Court for the: WES	TERN DISTR	RICT OF WASHINGTON, SEATTLE DIVISION	
Case number				
(if known)				Check if this is an amended filing
				amended hing
O#: a: a   Fa	100			
Official For				_
Statemen	it of Intention to	<u>r Indiv</u>	riduals Filing Under Chapto	er 7 12/15
If you are an indiv	ridual filing under chapter 7 v	ou must fill	out this form if.	
	ridual filing under chapter 7, y claims secured by your prope		out this form in.	
_	ed personal property and the I		t expired.	
You must file this	form with the court within 30	days after y	ou file your bankruptcy petition or by the date set f	
whichev the form	•	extends the	time for cause. You must also send copies to the c	reditors and lessors you list on
If two married neo	onle are filing together in a joi	nt case hoth	are equally responsible for supplying correct info	rmation Roth debtors must sign
	e the form.	ii case, botti	rare equally responsible for supplying correct into	mation. Dotti debtors must sign
	nd accurate as possible. If mo ur name and case number (if l		needed, attach a separate sheet to this form. On the	top of any additional pages,
	ar name and base namber (ii	Milowity.		
Part 1: List Yo	ur Creditors Who Have Secur	ed Claims		
1. For any credito information bel		3chedule D:	Creditors Who Have Claims Secured by Property (	Official Form 106D), fill in the
	ditor and the property that is co	ollateral	What do you intend to do with the property that	Did you claim the property
			secures a debt?	as exempt on Schedule C?
- ,	CI Lender Services		Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description of	30434 155th PI SE, Kent,	, WA	☐ Retain the property and enter into a <i>Reaffirmation Agreement</i> .	. 33
property	98042-5515		☐ Retain the property and [explain]:	
securing debt:				_
Part 2: List Yo	ur Unexpired Personal Proper	ty Leases		
			n Schedule G: Executory Contracts and Unexpired red leases are leases that are still in effect; the lease	
			istee does not assume it. 11 U.S.C. § 365(p)(2).	se period has not yet ended. Tou
Describe your un	nexpired personal property lea	202		Will the lease be assumed?
Describe your ur	iexpired personal property lea	1303		Will the lease be assumed:
Lessor's name:	- 1			□ No
Description of leas Property:	ea			☐ Yes
				_ 100
Lessor's name:	end			□ No
Description of leas Property:	ocu			☐ Yes
Lessor's name:				□ No
Official Form 108	Stat	tement of Inf	ention for Individuals Filing Under Chapter 7	page 1

Software Copyright (c) 2018 CINGroup - www.cincompass.com

Debtor 1 Debtor 2 McCaffree, Lind Patrick & McCaffree, Rose Colleen	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention all property that is subject to an unexpired lease.	pout any property of my estate that secures a debt and any personal
X /s/ Lind Patrick McCaffree Lind Patrick McCaffree Signature of Debtor 1	X /s/ Rose Colleen McCaffree Rose Colleen McCaffree Signature of Debtor 2
Date December 6, 2018	Date December 6, 2018

Statement of Intention for Individuals Filing Under Chapter 7

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF WASHINGTON, SEATTLE DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

page 1

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every

Par	t 1:   ld	lentify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your f	ull name		
	your go	he name that is on overnment-issued identification (for	<b>Lind</b> First name	Rose First name
	exampl	le, your driver's	Patrick	Colleen
	license	or passport).	Middle name	Middle name
		our picture cation to your meeting	McCaffree	McCaffree
2.	All oth	e trustee. er names you have	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	Include	n the last 8 years e your married or n names.		Rose Seago
3.	your S numbe Individ	he last 4 digits of locial Security er or federal dual Taxpayer ication number	xxx-xx-0222	xxx-xx-6350

Official Form 101

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		30434 155th PI SE Kent, WA 98042-5515	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		King County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:	Check one:
	ванкі ирісу	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		☐ Chap	oter 13					
8.	How you will pay the fee	ab If y	out how yo	ou may pay. Typical ey is submitting you	lly, if you are paying the fee yours	with the clerk's office in your local court for more details elf, you may pay with cash, cashier's check, or money ordettorney may pay with a credit card or check with a		
				y the fee in install Installments (Official		, sign and attach the Application for Individuals to Pay The		
		☐ Ir	equest that	at my fee be waive	ed (You may request this option o	only if you are filing for Chapter 7. By law, a judge may, but a less than 150% of the official poverty line that applies to		
		yo	ur family s	ize and you are una		. If you choose this option, you must fill out the Application		
).	Have you filed for bankruptcy within the last	■ No.						
	8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being filed by	■ No						
	a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	line 12.				
11.	i calucilec :	☐ Yes.	Has y	our landlord obtain	ed an eviction judgment against	you?		
11.		☐ Yes.						
11.		□ res.		No. Go to line 12				

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy
Case 18-14649-TWD Doc 1 Filed 12/06/18 Ent. 12/06/18 15:16:45 Pg. 8 of 45

Debtor	1
Debtor	2

McCaffree, Lind Patrick & McCaffree, Rose Colleen

Case number (if known)	
Case Hullibel (II known)	

Par	Report About Any Bus	sinesses '	You Own	as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.		
		☐ Yes.	Name	and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numb	per, Street, City, Stat	e & ZIP Code
	to this petition.		Chec	k the appropriate box	c to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate so. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ans, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 116(1)(B).		
	For a definition of small	■ No.	I am ı	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of	☐ Yes.			
	imminent and identifiable hazard to public health or		What is	the hazard?	
	safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
	· ,				Number Street City State & Zin Code

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy
Case 18-14649-TWD Doc 1 Filed 12/06/18 Ent. 12/06/18 15:16:45 Pg. 9 of 45

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy
Case 18-14649-TWD Doc 1 Filed 12/06/18 Ent. 12/06/18 15:16:45 Pg. 10 of 45

Debtor	1
Debtor	2

### McCaffree, Lind Patrick & McCaffree, Rose Colleen

Case number	(if known)	
-------------	------------	--

ar	t 6: Answer These Question	ons for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily co- individual primarily for a persor			defined in 11 U.S.C.§ 101(8) as "incurred by an		
			□ No. Go to line 16b.					
			■ Yes. Go to line 17.					
		16b.				ebts that you incurred to obtain money		
			for a business or investment o	r through the operation o	of the business	s or investment.		
			☐ No. Go to line 16c. ☐ Yes. Go to line 17.					
		16c.	State the type of debts you ow	e that are not consumer	debts or busin	ness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do paid that funds will be available			operty is excluded and administrative expenses are		
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		<u> </u>		<u></u> 50,001-100,000		
		☐ 100-19 ☐ 200-99		10,001-25,000	0	☐ More than100,000		
19.	How much do you estimate your assets to	□ \$0 - \$5		□ \$1,000,001 - \$		□ \$500,000,001 - \$1 billion		
	be worth?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 - □ \$50,000,001 -		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
			001 - \$1 million	□ \$100,000,001				
20.	How much do you	□ \$0 - \$9	50,000	□ \$1,000,001 - S	\$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	\$10,000,001 -		\$1,000,000,001 - \$10 billion		
			001 - \$500,000	□ \$50,000,001 - □ \$100,000,001		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
		<b>□</b> \$500,0	001 - \$1 million	<b>—</b> \$100,000,001	——————————————————————————————————————	The word than too billion		
Par	7: Sign Below							
For	you	I have exa	amined this petition, and I declar	re under penalty of perju	ry that the info	ormation provided is true and correct.		
			chosen to file under Chapter 7, ode. I understand the relief avail			gible, under Chapter 7, 11,12, or 13 of title 11, Unite to proceed under Chapter 7.		
			ney represents me and I did not ined and read the notice require			not an attorney to help me fill out this document, I		
		I request	relief in accordance with the cl	hapter of title 11, United	States Code,	, specified in this petition.		
		case can		or imprisonment for up to	20 years, or Î	y or property by fraud in connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. blieen McCaffree		
		Lind Pa	trick McCaffree of Debtor 1			en McCaffree		
		Executed	on <u>December 6, 2018</u> MM / DD / YYYY		Executed on	December 6, 2018 MM / DD / YYYY		

Debtor	1
Debtor	2

#### McCaffree, Lind Patrick & McCaffree, Rose Colleen

Case number	(if known)	
-------------	------------	--

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Matthew J. Cunanan	Date	December 6, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Matthew J. Cunanan		
Printed name		
DC Law Group		
Firm name		
12055 15th Ave NE Ste B		
Seattle, WA 98125-5031		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	matthew@dclglawyers.com
42530		
Bar number & State		

Debtor 1		e and this filing:		
Debioi i	Lind Patrick McCaffree	a Nama		
Debtor 2	First Name Middl  Rose Colleen McCaffree	e Name Last Name		
(Spouse, if filing)		e Name Last Name		
United States E	Bankruptcy Court for the: WESTER	N DISTRICT OF WASHINGTON, SEATTLE DIV	/ISION	
Case number				☐ Check if this is an
				amended filing
Official Fo	orm 106A/B			
	ile A/B: Property			12/15
	<u>'</u>	an asset only once. If an asset fits in more than or	ne category, list the asset in	
	pe Each Residence, Building, Land, or Ot	her Real Estate You Own or Have an Interest In		
_		iny residence, building, land, or similar property?		
□ No. Go to P	e is the property?			
1.1		What is the property? Check all that apply		
30434 15	55th PI SE	Single-family home  Duplex or multi-unit building	the amount of any secu	claims or exemptions. Put
Street address	ss, if available, or other description	Duplex of main-drift ballaring		
		Condominium or cooperative	Creditors Who Have Ci	red claims on Schedule D: aims Secured by Property.
		Condominium or cooperative  Manufactured or mobile home	Current value of the	
Kent	WA 98042-5515	☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
	WA 98042-5515 State ZIP Code	☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
Kent		☐ Manufactured or mobile home ☐ Land ☐ Investment property	Current value of the entire property? \$342,529.00  Describe the nature of	Current value of the portion you own? \$342,529.00
Kent		☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known	Current value of the portion you own? \$342,529.00 If your ownership interest enancy by the entireties, or
Kent City		☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to	Current value of the portion you own? \$342,529.00 If your ownership interest enancy by the entireties, or
Kent City King		Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known	Current value of the portion you own? \$342,529.00 If your ownership interest enancy by the entireties, or
Kent City		☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known Fee Simple	Current value of the portion you own? \$342,529.00 If your ownership interest enancy by the entireties, or
Kent City King		Manufactured or mobile home  Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known Fee Simple  Check if this is co (see instructions)	Current value of the portion you own? \$342,529.00 if your ownership interest enancy by the entireties, or
Kent City King		Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known Fee Simple  Check if this is co (see instructions)	Current value of the portion you own? \$342,529.00 if your ownership interest enancy by the entireties, or
Kent City King		Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: Residence	Current value of the entire property? \$342,529.00  Describe the nature of (such as fee simple, to a life estate), if known Fee Simple  Check if this is co (see instructions)	Current value of the portion you own? \$342,529.00 if your ownership interest enancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Core vene turche treaters are at attitudent	McCaffree, Lind Patrick & McCaffree, Rose Colleen			
Cars, vans, trucks, tractors, sport utility	vehicles, motorcycles			
□ No				
Yes				
3.1 Make:	Who has an interest in the property? Check one	Do not deduct secured cl		
Model:	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.	
Year:	Debtor 2 only	Creditors Who have Clair	ins Secured by Froperty.	
	_ Debtor 2 only ■ Debtor 1 and Debtor 2 only	Current value of the	Current value of the	
Approximate mileage:  Other information:	Debtor 1 and Debtor 2 only  At least one of the debtors and another	entire property?	portion you own?	
1979 Ford Ranger	At least one of the debtors and another			
1979 Ford Kanger	Check if this is community property (see instructions)	\$0.00	\$0.0	
		Do not deduct secured cl	laims or exemptions Put	
2 Make:	Who has an interest in the property? Check one	the amount of any secure	ed claims on Schedule D:	
Model:	Debtor 1 only	Creditors Who Have Clai	ims Secured by Property.	
Year:	Debtor 2 only	Current value of the	Current value of the	
Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
Other information:	☐ At least one of the debtors and another			
2005 Mercury Mariner fmv per kbb.com	Check if this is community property (see instructions)	\$960.00	\$960.0	
.3 Make:	Who has an interest in the property? Check one	Do not deduct secured cl		
Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:	
Year:	Debtor 2 only	Greators who have old	inis decared by 1 reperty.	
<del></del>	<del>-</del>	Current value of the	Current value of the	
Approximate mileage:  Other information:	<ul><li>Debtor 1 and Debtor 2 only</li><li>☐ At least one of the debtors and another</li></ul>	entire property?	portion you own?	
2000 Jeep Grand Cherokee	At least one of the debtors and another			
	☐ Check if this is community property	\$178.00	\$178.0	
not running; fmv per kbb.com on operational vehicle	(see instructions)			
On operational vehicle  Watercraft, aircraft, motor homes, ATVs a  Examples: Boats, trailers, motors, personal w  No				
on operational vehicle  Watercraft, aircraft, motor homes, ATVs a  Examples: Boats, trailers, motors, personal w  No  Yes  Add the dollar value of the portion you of	(see instructions) and other recreational vehicles, other vehicles, an	ny entries for pages	\$1,138.00	
on operational vehicle  Watercraft, aircraft, motor homes, ATVs a  Examples: Boats, trailers, motors, personal w  No  Yes  Add the dollar value of the portion you of	(see instructions)  and other recreational vehicles, other vehicles, an vatercraft, fishing vessels, snowmobiles, motorcycle account of the property of the pr	ny entries for pages	\$1,138.00	
on operational vehicle  Natercraft, aircraft, motor homes, ATVs a examples: Boats, trailers, motors, personal walls of the portion you of you have attached for Part 2. Write that it as:  Describe Your Personal and Household	(see instructions)  and other recreational vehicles, other vehicles, an vatercraft, fishing vessels, snowmobiles, motorcycle account of the property of the pr	ny entries for pages	Current value of the portion you own? Do not deduct secured	
on operational vehicle  Watercraft, aircraft, motor homes, ATVs a Examples: Boats, trailers, motors, personal was No Yes  Add the dollar value of the portion you on the portion you have attached for Part 2. Write that it is possible Your Personal and Household you own or have any legal or equitable to you own or have any	cown for all of your entries from Part 2, including an number here	ny entries for pages	Current value of the portion you own?	
on operational vehicle  Watercraft, aircraft, motor homes, ATVs a Examples: Boats, trailers, motors, personal water No  Yes  Add the dollar value of the portion you only you have attached for Part 2. Write that it	end other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle account of the following items?	ny entries for pages	Current value of the portion you own? Do not deduct secured	
on operational vehicle  Natercraft, aircraft, motor homes, ATVs a examples: Boats, trailers, motors, personal walls and the dollar value of the portion you be expounded attached for Part 2. Write that it is pour own or have any legal or equitable and thousehold goods and furnishings Examples: Major appliances, furniture, linen No  Yes. Describe  Couches, tab	end other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle account of the following items?	ny entries for pages	Current value of the portion you own? Do not deduct secured claims or exemptions.	

Software Copyright (c) 2018 CINGroup - www.cincompass.com

Official Form 106A/B

Schedule A/B: Property

Case number (if known)

Do not deduct secured claims or exemptions.

_	pots and pans, utensils, dishes, glassware and small electric kitchen appliances	\$500.00
7.	<ul> <li>Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collection including cell phones, cameras, media players, games         ■ No         □ Yes. Describe     </li> </ul>	ions; electronic devices
8.	<ul> <li>Collectibles of value</li> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or be collections, memorabilia, collectibles</li> <li>No</li> <li>Yes. Describe</li> </ul>	aseball card collections; other
9.	<ul> <li>Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kninstruments ■ No □ Yes. Describe</li> </ul>	ayaks; carpentry tools; musical
10	<ul> <li>0. Firearms</li></ul>	
11	<ul> <li>1. Clothes         <ul> <li>Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories</li> <li>■ No</li> <li>□ Yes. Describe</li> </ul> </li> </ul>	
12	<ol> <li>Jewelry         Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, s         ■ No         □ Yes. Describe     </li> </ol>	ilver
13	3. Non-farm animals  Examples: Dogs, cats, birds, horses  ■ No □ Yes. Describe	
14	4. Any other personal and household items you did not already list, including any health aids you did not list  ■ No □ Yes. Give specific information	
1	15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$1,150.00
	Part 4: Describe Your Financial Assets	
D	Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own?

16. **Cash** 

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

☐ Yes.....

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1 Debtor 2	McCaffree, Lind P	atrick & McCaffree,	Rose Colleen	Case number (if known)	
Exam			s; certificates of deposit; sha ith the same institution, list	ares in credit unions, brokerage houses, and c each.	other similar
□ No ■ Yes.			Institution name:		
		Other Financial			
	17.1		NetSpend Prepaid	I Debit Card 4617	\$700.00
	17.2	Other Financial Account	NetSpend Prepaid	I Debit Card 5567	\$127.00
Exam ■ No	s, mutual funds, or publi pples: Bond funds, investm		age firms, money market ac	counts	
19. Non-p				usinesses, including an interest in an LLC	, partnership, and
■ No □ Yes	. Give specific informatio	n about themame of entity:		% of ownership:	
Nego	tiable instruments include	personal checks, cashier	ble and non-negotiable in s' checks, promissory notes er to someone by signing or	s, and money orders.	
	. Give specific information Is	about them suer name:			
	ment or pension accour aples: Interests in IRA, ER		(b), thrift savings accounts,	or other pension or profit-sharing plans	
☐ Yes.	. List each account separa Type	itely. e of account:	Institution name:		
Your s Exam		ts you have made so that	you may continue service o ic utilities (electric, gas, wat	or use from a company er), telecommunications companies, or others	
■ No □ Yes.			Institution name or inc	lividual:	
_	ties (A contract for a perio	odic payment of money to	you, either for life or for a no	umber of years)	
■ No □ Yes.	lssuer na	me and description.			
26 U.S	sts in an education IRA, .C. §§ 530(b)(1), 529A(b)		fied ABLE program, or ur	nder a qualified state tuition program.	
■ No □ Yes.	Institution	name and description. S	eparately file the records of	any interests.11 U.S.C. § 521(c):	
■ No	s, equitable or future into		er than anything listed in I	ine 1), and rights or powers exercisable fo	or your benefit
			other intellectual property		
Exam ■ No	aples: Internet domain nam	ies, websites, proceeds fi	rom royalties and licensing a		
	. Give specific informatio				
	ses, franchises, and other ples: Building permits, exc		ive association holdings, liq	uor licenses, professional licenses	
Official For	m 106A/B		Schedule A/B: Property		page 4

Case 18-14649-TWD Doc 1 Filed 12/06/18 Ent. 12/06/18 15:16:45 Pg. 16 of 45

Software Copyright (c) 2018 CINGroup - www.cincompass.com

	ebtor 1 ebtor 2	McCaffree, Lind Patrick	& McCaffree, Rose Colleen	Case number (if known)	
	☐ Yes.	Give specific information about	them		
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to you			
	■ No □ Yes.	Give specific information about t	hem, including whether you already fil	ed the returns and the tax years	
29.	•	r <b>support</b> <i>ple</i> s: Past due or lump sum alim	ony, spousal support, child support, r	maintenance, divorce settlement, property se	ettlement
		Give specific information			
30.		amounts someone owes you ples: Unpaid wages, disability ins unpaid loans you made to		sick pay, vacation pay, workers' compensatio	n, Social Security benefits;
	_	Give specific information			
31.		sts in insurance policies ples: Health, disability, or life insu	rance; health savings account (HSA);	credit, homeowner's, or renter's insurance	
		Name the insurance company of Company		Beneficiary:	Surrender or refund value:
32.			ou from someone who has died t, expect proceeds from a life insurance	ce policy, or are currently entitled to receive pr	operty because someone has
	■ No □ Yes.	Give specific information			
33.			or not you have filed a lawsuit or putes, insurance claims, or rights to s		
	■ Yes.	Describe each claim			
			disability claim		unknown
34.	Other No	contingent and unliquidated cl	aims of every nature, including co	unterclaims of the debtor and rights to se	t off claims
	☐ Yes.	Describe each claim			
35.	Any fi	nancial assets you did not alre	ady list		
	■ No □ Yes.	Give specific information			
36		-	ntries from Part 4, including any e	ntries for pages you have attached for	\$827.00
Pa	rt 5: De	escribe Any Business-Related Pro	perty You Own or Have an Interest In. L	ist any real estate in Part 1.	
37.	Do you	own or have any legal or equitable	interest in any business-related prope	erty?	
		o to Part 6.			
	☐ Yes.	Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 5

Deb	McCoffree Lind Detrick 9 McCoffree Dece Co	olleen	Case number (if known)	
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	t In.	
	Do you own or have any legal or equitable interest in any farm ■ No. Go to Part 7. □ Yes. Go to line 47.	n- or commercial fishing	-related property?	
Part	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above		
	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information			\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$342,529.00
57. 58. 59. 60.	Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Part 7: Total other property not listed, line 54	\$1,138.00 \$1,150.00 \$827.00 \$0.00 \$0.00 + \$0.00		
62.	Total personal property. Add lines 56 through 61	\$3,115.00	Copy personal property total	\$3,115.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$345,644.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in th	nis information to identif	y your case:				
Debtor 1	Lind Patrick McC					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DISTRIC	T OF WASHINGTON, SE	ATTLE DIVISION		
Case number						
(if known)						eck if this is an
_					ame	ended filing
Official Fo	orm 106C					
Schedul	le C: The Pro	operty You	Claim as Ex	empt		4/16
property you listed	d on <i>Schedule A/B: Prope</i>	erty (Official Form 106A/B	filing together, both are equal as your source, list the perior as necessary. On the top	property that you claim	as exempt. If more	space is needed, fill
specific dollar a applicable statu funds—may be	mount as exempt. Alterr tory limit. Some exempt unlimited in dollar amou ollar amount and the val	natively, you may claim ions—such as those fo ınt. However, if you cla	ify the amount of the ex n the full fair market valu or health aids, rights to r im an exemption of 100% etermined to exceed tha	e of the property be eceive certain benef % of fair market valu	ing exempted up to its, and tax-exemp e under a law that	o the amount of any ot retirement limits the exemption
Part 1: Ident	ify the Property You Cla	im as Exempt				
1. Which set o	of exemptions are you cl	aiming? Check one only	y, even if your spouse is fil	ling with you.		
You are c	laiming state and federal r	onbankruptcy exemption	s. 11 U.S.C. § 522(b)(3)			
☐ You are c	laiming federal exemptions	s. 11 U.S.C. § 522(b)(2)	)			
2. For any pro	perty you list on Sched	ule A/B that you claim a	as exempt, fill in the info	rmation below.		

Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Debtor 1 Exemptions RCW 6.13.030** \$342,529.00 \$56,012.00 30434 155th PI SE Kent WA, 98042-5515 100% of fair market value, up to County: King any applicable statutory limit Line from Schedule A/B: 1.1 1979 Ford Ranger RCW 6.15.010(1)(d)(iii) \$0.00 Line from Schedule A/B: 3.1 100% of fair market value, up to any applicable statutory limit 2005 Mercury Mariner RCW 6.15.010(1)(d)(iii) \$960.00 fmv per kbb.com Line from Schedule A/B. 3.2 100% of fair market value, up to any applicable statutory limit 2000 Jeep Grand Cherokee RCW 6.15.010(1)(d)(iii) \$178.00 not running; fmv per kbb.com on 100% of fair market value, up to operational vehicle any applicable statutory limit Line from Schedule A/B: 3.3 Couches, table and chairs RCW 6.15.010(1)(d)(i) \$300.00 Line from Schedule A/B: 6.1 100% of fair market value, up to

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

any applicable statutory limit

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim  ck only one box for each exemption.	Specific laws that allow exemption
	Bed, bedding, drawers, towels Line from Schedule A/B. 6.2	\$300.00		100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(i)
	tv, computer, phone Line from Schedule A/B. 6.3	\$50.00	■ □	100%  100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(i)
	tv, computer, phone Line from Schedule A/B. 6.3	\$50.00	□ ■	100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(c)
9	pots and pans, utensils, dishes, glassware and small electric kitchen appliances Line from <i>Schedule A/B</i> : <b>6.4</b>	\$500.00	□	100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(i)
	NetSpend Prepaid Debit Card 4617 Line from Schedule A/B 17.1	\$700.00	■	100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(ii)
	NetSpend Prepaid Debit Card 5567 Line from Schedule A/B. 17.2	\$127.00	□ ■	100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(ii)
	disability claim Line from Schedule A/B 33.1	\$0.00	■	100% of fair market value, up to any applicable statutory limit	RCW 6.15.010(1)(d)(vi)
( 	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 y ■ No □ Yes. Did you acquire the property covered □ No □ Yes	ears after that for case	s filed	,	

Official Form 106C

Fill	l in this in	formation to identify your	case:				
De	btor 1					]	
Da	htor O	First Name	Middle Name		Last Name	}	
1 1	btor 2 ouse if, filing)	Rose Colleen M First Name	Middle Name		Last Name		
Un	ited States	Bankruptcy Court for the:	WESTERN DISTRICT OF	WASH	HINGTON, SEATTLE DIVISION		
	se number						
	nown)						Check if this is an amended filing
Of	fficial F	Form 106C					
S	chedi	ule C: The Pr	operty You Cla	aim	as Exempt		4/16
propout a	oerty you lis	sted on <i>Schedule A/B: Prop</i>	perty (Official Form 106A/B) as y	our so	er, both are equally responsible for sup urce, list the property that you claim as ary. On the top of any additional pages	exempt. If	more space is needed, fill
spe app func to a app	cific dolla blicable sta ds—may b particula blicable sta	r amount as exempt. Alter atutory limit. Some exemp be unlimited in dollar amo r dollar amount and the va atutory amount.	rnatively, you may claim the fortions—such as those for head ount. However, if you claim an alue of the property is determ	full fai ilth aic i exem	ount of the exemption you claim. On r market value of the property bein ls, rights to receive certain benefits ption of 100% of fair market value of exceed that amount, your exemp	g exempte s, and tax-e under a lav	d up to the amount of any exempt retirement v that limits the exemption
Pa	rt 1: Ide	entify the Property You Cl	laim as Exempt				
1.	Which se	t of exemptions are you o	claiming? Check one only, eve	n if you	ur spouse is filing with you.		
	You are	e claiming state and federal	nonbankruptcy exemptions. 11	1 U.S.0	C. § 522(b)(3)		
	☐ You are	e claiming federal exemption	ns. 11 U.S.C. § 522(b)(2)				
2.	For any p	property you list on Sched	dule A/B that you claim as ex	empt,	fill in the information below.		
		ription of the property and li A/B that lists this property	ne on Current value of the portion you own	An	nount of the exemption you claim	Specific la	aws that allow exemption
			Copy the value from Schedule A/B	Ch	eck only one box for each exemption.		
De	Brief desc	xemptions cription: Schedule A/B:			100% of fair market value, up to any applicable statutory limit		
3.	(Subject to No □ Yes. □ □	o adjustment on 4/01/19 and Did you acquire the propert	, ,	ses file	d on or after the date of adjustment.)  15 days before you filed this case?		
		Yes					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 3

Fill in this i	nformation to ident	ify your case:				
Debtor 1	Lind Patrick Mc					
, Debior 1	First Name		ast Name		}	
Debtor 2	Rose Colleen M					
(Spouse if, filing)	First Name	Middle Name La	ast Name			
United States Bankr	uptcy Court for the:	WESTERN DISTRICT OF WASHI	NGTON, SE	ATTLE DIVISION		
Case number						
(if known)						if this is an
					amend	led filing
Official Form	106D					
		Who Have Claims Se	ecured	by Property	/	12/15
		f two married people are filing together, b, number the entries, and attach it to this				
1. Do any creditors ha	ve claims secured by	your property?				
☐ No. Check thi	is box and submit th	s form to the court with your other sched	dules. You ha	ive nothing else to rep	ort on this form.	
Yes. Fill in all	of the information be	elow.				
Part 1: List All S	ecured Claims					
		nore than one secured claim, list the creditor		Column A	Column B	Column C
		a particular claim, list the other creditors in F cal order according to the creditor 's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 FCI Lender	Services	Describe the property that secures the o	claim:	\$286,517.00	\$342,529.00	\$0.00
Creditor's Name	_	30434 155th PI SE, Kent, WA				
		98042-5515 Residence fmv per zillow.com				
0400 5 16-1-		As of the date you file, the claim is: Chec	ck all that			
8180 E Kais	er Bivd A 92808-2277	apply.				
	ty, State & Zip Code	☐ Contingent ☐ Unliquidated				
Number, offeet, of	ry, State & Zip Code	☐ Disputed				
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mort	gage or secure	ed		
Debtor 2 only		car loan)				
■ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechan	nic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim community debt	relates to a	Other (including a right to offset)	rst Mortga	ge		
Date debt was incurre	ed	Last 4 digits of account number				
	=	umn A on this page. Write that number he	ere:	\$286,517.	00	
If this is the last page Write that number he	•	e dollar value totals from all pages.		\$286,517.	00	
Part 2: List Other	s to Be Notified for	a Debt That You Already Listed				
Handhia wasa ashaifa	very house others to be	matified about your banks unter too a del	at that!-	andy listed in De-t 4. F	ar aramula if a a-114	

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill in this in	formation to identify you	case:				
Debtor 1	Lind Patrick McCa	affree				
	First Name	Middle Name	Last Name			
Debtor 2	Rose Colleen McC		Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DISTRIC	T OF WASHINGTON, SE	EATTLE DIVISION		
Case number						
(if known)					_	t if this is an ded filing
Official For	m 106E/F				_	-
	E/F: Creditors W	ho Have Unse	cured Claims			12/15
Be as complete ar	nd accurate as possible. Use	Part 1 for creditors with	PRIORITY claims and Part			st the other party to
Schedule G: Exec D: Creditors Who the Continuation I case number (if kr	ntracts or unexpired leases t utory Contracts and Unexpir Have Claims Secured by Pro Page to this page. If you have nown). All of Your PRIORITY Uns	red Leases (Official Form operty. If more space is r e no information to repo	n 106G). Do not include any needed, copy the Part you r	r creditors with partially s need, fill it out, number tl	secured claims that a ne entries in the boxe	re listed in Schedule s on the left. Attach
1. Do any credi	tors have priority unsecured	claims against you?				
☐ No. Go to	Part 2.					
Yes.						
If more than     (For an explan	he claims in alphabetical order n one creditor holds a particula nation of each type of claim, se	r claim, list the other credi	itors in Part 3.		Priority amount	Nonpriority amount
2.1 Opera	entralized Insolvency tion	Last 4 digits	of account number	\$58,000.0	0 \$58,000.00	\$0.00
Priority C	Creditor's Name	When was t	he debt incurred?			_
РО Во	x 7346	Wileli was ti	——		_	
	elphia, PA 19101-7346	<u>;                                    </u>				
	Street City State Zlp Code	<u></u>	te you file, the claim is: Che	eck all that apply		
_	ed the debt? Check one.	☐ Continger	nt			
☐ Debtor 1	,	☐ Unliquida	ted			
Debtor 2	only	☐ Disputed				
Debtor 1	and Debtor 2 only	Type of PRI	ORITY unsecured claim:			
☐ At least of	one of the debtors and another	☐ Domestic	support obligations			
☐ Check if	this claim is for a communi	ty debt Taxes an	d certain other debts you owe	e the government		
Is the claim	subject to offset?	☐ Claims fo	or death or personal injury whi	ile you were intoxicated		
■ No		☐ Other. Sp	ecify			_
☐ Yes						
Part 2: List	All of Your NONPRIORITY	Unsecured Claims				
3. Do any credi	tors have nonpriority unsecu	ured claims against you?	?			
☐ No. You h	ave nothing to report in this pa	rt. Submit this form to the	court with your other schedul	les.		
Yes.						
unsecured cla	ur nonpriority unsecured cla nim, list the creditor separately litor holds a particular claim, lis	for each claim. For each o		of claim it is. Do not list c	laims already included	in Part 1. If more

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 6

Total claim

Debtoi Debtoi		e, Rose Colleen Case number (f know)	
4.1	AT&T	Last 4 digits of account number	unknown
	Nonpriority Creditor's Name c/o Bankruptcy 4331 Communications Dr	When was the debt incurred?	-
	Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	-
4.2	Dell Financial Services	Last 4 digits of account number	unknown
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 81577 Austin, TX 78708-1577		-
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	-
4.3	Kohls Credit	Last 4 digits of account number	unknown
	Nonpriority Creditor's Name	When was the debt incurred?	
	Kohl's Credit PO Box 3043	when was the debt incurred?	-
	Milwaukee, WI 53201-3043		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	_	
	⊔ res	Other. Specify	_

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 6

Nonpriority Creation's Name  13751 Lake City Way NE Ste 350 Seattle, WA 98125-8612 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Asset one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debt	Debte Debte		ree, Rose Colleen Case number (f know)	
Nonprotiny Creditors Name  13751 Lake City Way NE Sta 350 Seattle, WA 98125-8612 Number Street City State Zip Code Who Incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 only Nonprotiny Creditors Name  Puget Sound Collections Nonprotiny Creditors Name  Puget Sound Collections Nonprotiny Creditors Name Nonprotiny Creditors Name Nonprotiny Creditors Name Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9	4.4	Michelle R. Ghidotti, Esq	Last 4 digits of account number 1368	\$0.00
As of the date you file, the claim is: Check all that apply   As of the date you file, the claim is: Check all that apply		Nonpriority Creditor's Name	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only State and Debtor 2 only State of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonprosity Creditors Name  PO Box 66:995 Taccma, WA 98464-6995 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only State City State Zip Code Non Concernation State Zip Code Non Concern			When was the dept incurred:	
Debtor 1 and Debtor 2 only   Unliquidated			As of the date you file, the claim is: Check all that apply	
Debtor 2 only   Disputed		<u> </u>	По и	
Debtor 1 and Debtor 2 only		_		
At least one of the debtors and another   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check of the debtor 2 cnly   Check one.   Check of the debtor 3 and 0 there is make the debt incurred?   Check if this claim is for a community debt   Check one.   Check of the debtor 2 cnly   Check of the debtor 3 and 3 another   Check if this claim is the claim subject to offset?   Check one.   Check of the debtor 3 and another   Check if this claim is the claim subject to offset?   Check one.   Check offset of the debtor 3 and another   Check if this claim is the claim subject to offset?   Check one.   Check offset			`	
Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Puget Sound Collections   Last 4 digits of account number   4819   \$332.00			•	
Crick in subject to offset?   Continuency			<u> </u>	
No		debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
As   Puget Sound Collections   Last 4 digits of account number   4819   \$332.00			<u></u>	
4.5 Puget Sound Collections Nonpriority Creditor's Name  PO Box 66995 Tacoma, WA 98464-6995 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Is the claim subject to offset?  Radius Global Solutions Nonpriority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  When was the date you file, the claim is: Check all that apply  When was the date you file, the claim is: Check all that apply  When was the date you file, the claim is: Check all that apply  When was the debt incurred?  Student loans Orbits to persion or profit-sharing plans, and other similar debts  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  \$213.00  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Student loans  Objection of the debtors and another Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 priority claims Student loans Dobligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 priority claims Debtor 3 priority claims Debtor 4 person or profit-sharing plans, and other similar debts				
Nonpriority Creditor's Name  PO Box 66995 Tacoma, WA 98464-6995 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 sthe claim is for a community debt Is the claim subject to offset?  Radius Global Solutions Nonpriority Creditor's Name  Nonpriority Creditor's Name  Nonpriority Creditor's Name  Radius Global Solutions Nonpriority Creditor's Name  Name Take A digits of account number 3157  Satisfac		☐ Yes	Other. Specify Notice Only	
When was the debt incurred?  PO Box 66995 Tacoma, WA 98464-6995 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 8 No Debtor 1 only State Sip Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Radius Global Solutions Nonpriority Creditors Name  Radius Global Solutions Nonpriority Creditors Name  Radius Global Solutions Nonpriority Creditors Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  \$213.00  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Debtor 1 only	4.5	Puget Sound Collections Nonpriority Creditor's Name	Last 4 digits of account number 4819	\$332.00
Tacoma, WA 98464-6995 Number Street City State Zip Code Who Incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 5 Name Debtor 5 Name Nonpriority Creditor's Name Nonpriority Creditor's Name Debtor 6 Nonpriority Creditor's Name Nonpriority Creditor's Name Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 Name Nonpriority Creditor's Name Debtor 6 Nonpriority Creditor's Name Nonpriority Creditor's Name Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply Nonpriority Creditor's Digestive Health  As of the date you file, the claim is: Check all that apply When was the debt incurred?  As of the date you file, the claim is: Check all that apply When was the debt incurred?  As of the date you file, the claim is: Check all that apply When was the debt incurred?  As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NoNPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NoNPRIORITY unsecured claim: Student loans Debtor 1 only Disputed			When was the debt incurred?	
Number Street City State ZIp Code Who incurred the debt? Check one.    Debtor 1 only				
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply Check if this claim is for a community Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community Debtor 1 and Debtor 3 and another Check if this claim is for a community Debtor 1 and Debtor 2 only Disputed No Debtor 1 and Debtor 3 and another Check if this claim is for a community Debtor 1 and Debtor 3 and 3 another Check if this claim is for a community Debtor 3 a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 2 only Debtor 3 and other is milar debts Other. Specify Original Creditor: Digestive Health    As of the date you file, the claim is: Check all that apply			7.6 of the date you may the damin lot of book an that apply	
Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 3 spriority claims No Debtor 5 opening out of a separation agreement or divorce that you did not report as priority claims No Debtor 5 pension or profit-sharing plans, and other similar debts Other. Specify Original Creditor: Digestive Health  As of the date you file, the claim is: Check all that apply When was the debt incurred?  As of the date you file, the claim is: Check all that apply Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 5 pension or profit-sharing plans, and other similar debts Debtor 6 pension or profit-sharing plans, and other similar debts		■ Debtor 1 only	☐ Contingent	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Radius Global Solutions Nonpriority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply Who incurred the debto? Check one.  Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Separation agreement or divorce that you did not report as priority claims  Separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and peter 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 3 only Debtor 4 separation agreement or divorce that you did not report as priority claims Debtor 3 only only only claims Debtor 4 only only only claims Debtor 5 only only obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 only only claims Debtor 5 only only claims Debtor 6 only only only claims Debtor 6 only only only only claims Debtor 7 only only claims Debtor 8 only only only only only only only only				
At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Original Creditor: Digestive Health    4.6   Radius Global Solutions			·	
Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Original Creditor: Digestive Health			·	
debt Is the claim subject to offset? In No In Debts to pension or profit-sharing plans, and other similar debts In No In Debts to pension or profit-sharing plans, and other similar debts In Other. Specify In Digestive Health  4.6  Radius Global Solutions Nonpriority Creditor's Name  When was the debt incurred?  7831 Glenroy Rd Ste 250A Minneapolis, MN 55439-3132 Number Street City State Zlp Code Who incurred the debt? Check one. In Debtor 1 only In Debtor 2 only In Debtor 2 only In Debtor 2 only In Debtor 1 and Debtor 2 only In Creditor is the claim is for a community debt Is the claim subject to offset? In No In Debts to pension or profit-sharing plans, and other similar debts    Other. Specify   Original Creditor: Digestive Health   Digestive Health   Septimal Creditor: Digestive Health		_	_	
Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Original Creditor: Digestive Health  Last 4 digits of account number 3157 \$213.00  Nonpriority Creditor's Name When was the debt incurred?  7831 Glenroy Rd Ste 250A Minneapolis, MN 55439-3132 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Contingent Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts		debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Student loans  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		Is the claim subject to offset?	<u> </u>	
As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No No Debts to offset? Debts to pension or profit-sharing plans, and other similar debts  Last 4 digits of account number 3157  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00  \$213.00		No		
Nonpriority Creditor's Name  7831 Glenroy Rd Ste 250A Minneapolis, MN 55439-3132  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		Yes	■ Other. Specify Original Creditor: Digestive Health	
7831 Glenroy Rd Ste 250A Minneapolis, MN 55439-3132  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  No Debts to pension or profit-sharing plans, and other similar debts	4.6		Last 4 digits of account number 3157	\$213.00
Minneapolis, MN 55439-3132   Number Street City State Zlp Code   Who incurred the debt? Check one.   □ Debtor 1 only □ Contingent   □ Debtor 2 only □ Unliquidated   □ Debtor 1 and Debtor 2 only □ Disputed   □ At least one of the debtors and another □ Student loans   □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   ■ No □ Debts to pension or profit-sharing plans, and other similar debts		Nonpriority Creditor's Name	When was the debt incurred?	
Who incurred the debt? Check one.  □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts		Minneapolis, MN 55439-3132		
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		•	As of the date you file, the claim is: Check all that apply	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 only	☐ Contingent	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated	
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 and Debtor 2 only	☐ Disputed	
debt    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   No   Debts to pension or profit-sharing plans, and other similar debts		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
debt  Is the claim subject to offset?  ■ No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community	☐ Student loans	
• • • • • • • • • • • • • • • • • • • •				
<b>—</b> 61116 W 116		■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
⊔ Yes ■ Other. Specify Original Creditor: Lab Corp		☐Yes	■ Other. Specify Original Creditor: Lab Corp	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 6

Renton Collections	Last 4 digits of account number 6819	\$265.0					
Nonpriority Creditor's Name	When was the debt incurred?	·					
PO Box 272 Renton, WA 98057-0272 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes	■ Other. Specify Original Creditor: Tri Med Ambulance						
State Collection Service Nonpriority Creditor's Name	Last 4 digits of account number 4890	\$75.0					
Nonpriority Creditor's Name	When was the debt incurred?						
PO Box 6250							
Madison, WI 53716-0250  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply						
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:						
☐ Debtor 1 and Debtor 2 only							
☐ At least one of the debtors and another							
☐ Check if this claim is for a community	☐ Student loans						
debt	Obligations arising out of a separation agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims						
■ No	Debts to pension or profit-sharing plans, and other similar debts						
Yes	■ Other. Specify Original Creditor: MultiCare						
Target	Last 4 digits of account number	unknow					
Nonpriority Creditor's Name	When was the debt incurred?						
PO Box 660170 Dallas, TX 75266-0170							
Number Street City State ZIp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
Debtor 1 only	☐ Contingent						
Debtor 2 only							
■ Debtor 1 and Debtor 2 only	☐ Disputed						
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
Check if this claim is for a community	Student loans						
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
□Yes	Other. Specify						

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 6

2 NICCa	ffree, Lind Patrick & McCaf			number (f	· <u></u>	
Ghidott		Last 4 digits of account number	1368	3	_	\$0.0
Nonpriority	Creditor's Name	When was the debt incurred?				
	d Tustin Ave .na, CA 92705-7811					-
Number St	reet City State ZIp Code	As of the date you file, the claim	is: Checl	k all that ap	ply	
_	rred the debt? Check one.	_				
Debtor	•	Contingent				
☐ Debtor	-	Unliquidated				
	1 and Debtor 2 only	☐ Disputed				
	t one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	d claim:			
☐ Check debt	if this claim is for a community	☐ Obligations arising out of a separation			diverse that you did not	
	m subject to offset?	report as priority claims	aration ag	greement o	r divorce that you did not	
■ No		Debts to pension or profit-shari	ng plans,	and other s	similar debts	
☐ Yes		Other. Specify Notice On	ly			_
Wells F	argo	Last 4 digits of account number				unknow
	Creditor's Name				-	dikilow
DO D	54400	When was the debt incurred?				_
PO Box	51193 geles, CA 90051-5493					
Number S	reet City State Zlp Code	As of the date you file, the claim	is: Chec	k all that ap	ply	
	rred the debt? Check one.					
☐ Debtor	1 only	☐ Contingent				
☐ Debtor	2 only	☐ Unliquidated				
Debtor	1 and Debtor 2 only	☐ Disputed				
At leas	t one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	if this claim is for a community	☐ Student loans				
debt	m subject to offset?	Obligations arising out of a separeter of the obligations are obligations.	aration ag	greement o	r divorce that you did not	
■ No	m dubject to encet.	Debts to pension or profit-shari	ng plans.	and other s	similar debts	
☐ Yes			.g p.ao,	a o		
⊔ Yes		Other. Specify				-
List O	thers to Be Notified About a Deb	t That You Already Listed				
ing to colled more than ded for any c	t from you for a debt you owe to so		Parts 1	or 2, then	ist the collection agency	here. Similarly, if you
the amoun		ms. This information is for statistical r	eporting	purposes	only. 28 U.S.C. §159. Add	the amounts for eacl
	60 Domostic compact abilities		6-		Total Claim	
aims	6a. Domestic support obligation:	5	6a.	\$	0.00	_
art 1	6b. Taxes and certain other debt	s you owe the government	6b.	\$	58,000.00	<u> </u>
	•	injury while you were intoxicated	6c.	\$	0.00	_
	6d. <b>Other.</b> Add all other priority uns	secured claims. Write that amount here.	6d.	\$	0.00	_
	6e. Total Priority. Add lines 6a thr	ough 6d.	6e.	\$	58,000.00	_
					Total Claim	
aims	6f. Student loans		6f.	\$	0.00	
art 2	6g. Obligations arising out of a s you did not report as priority	eparation agreement or divorce that	6g.	\$	0.00	
	, - = = roport do priority		-			_

Official Form 106 E/F Sc Software Copyright (c) 2018 CINGroup - www.cincompass.com

# Debtor 1 Debtor 2 McCaffree, Lind Patrick & McCaffree, Rose Colleen

6h. Debts to pension or profit-sharing plans, and other similar debts

6i. Other. Add all other nonpriority unsecured claims. Write that amount here

6j. Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6h. \$ 0.00 6i. \$ 885.00

6j. \$ **885.00** 

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 6

Fill in th	nis information to identi	fy your case:			
Debtor 1	Lind Patrick McC	Caffree			
	First Name	Middle Name	Last Name		
Debtor 2	Rose Colleen Mo	:Caffree			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF WASHINGTON, SEATTLE	DIVISION	
Case number					
(if known)					Check if this is an
					amended filing

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1		riamo, riambo.	, chool, only, chalc and an		
	Name				_
	Number	Street			<del></del>
	City		State	ZIP Code	<del></del>
2					<u></u>
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
3					
	Name				<del>_</del>
	Number	Street			<u> </u>
	City		State	ZIP Code	<del>_</del>
4					
	Name				<del></del>
	Number	Street			_
	City		State	ZIP Code	
5	· · · · · · · · · · · · · · · · · · ·				
	Name				_
	Number	Street			<del>_</del>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in th	nis information to ident	ify your case:			
Debtor 1					
Deptor 1	Lind Patrick Mc First Name	Middle Name	Last Name	<del></del> }	
Debtor 2	Rose Colleen M	cCaffree			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF	WASHINGTON, SE	ATTLE DIVISION	
Case number					
(if known)					☐ Check if this is an amended filing
Official Fo	orm 106H				
	H: Your Cod	debtors			12/15
are filing togethe and number the case number (if	er, both are equally res entries in the boxes or known). Answer every	sponsible for supplying corre n the left. Attach the Addition	ct information. If me al Page to this page	ore space is needed, co e. On the top of any Addi	as possible. If two married people by the Additional Page, fill it out, tional Pages, write your name and
■ No					
☐ Yes					
California, lo	daho, Louisiana, Nevada o line 3.	a, New Mexico, Puerto Rico, Te	exas, Washington, ar		tates and territories include Arizona,
<b>=</b>					
■ No					
ште	స.				
	In which community stat	te or territory did you live?		Fill in the name and	d current address of that person.
-	Name of your spouse, former s				
line 2 again 106D), Sche Column 2.	as a codebtor only if t edule E/F (Official Form	tors. Do not include your spo hat person is a guarantor or o	cosigner. Make sure	e you have listed the cre se Schedule D, Schedule	rith you. List the person shown in editor on Schedule D (Official Forn E/F, or Schedule G to fill out
	nn 1: Your codebtor Number, Street, City, State and	ZIP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt s that apply:
3.1				Schedule D, line	
Name				□ Schedule E/F, lir	ne
				☐ Schedule G, line	<u> </u>
Numbe City	r Street	State	ZIP Code	_	
3.2 Name				Schedule D, line	
Name				☐ Schedule E/F, lir☐ Schedule G, line	
				— Scriedule G, IIIIe	<u> </u>
Numbe City	r Street	State	ZIP Code		

Official Form 106H Software Copyright (c) 2018 CINGroup - www.cincompass.com Schedule H: Your Codebtors

E:11									
	in this information to identify your captor 1 Lind Patrick								
1	otor 2 Rose Collect				_				
	ted States Bankruptcy Court for the:	WESTERN DISTRICT	OF WASHINGTON	١,	_				
(If kr	se number nown)					Check if this is  An amend  A supplem income as	ed filing		chapter 13
	fficial Form 106I					MM / DD/	YYYY		
S	chedule I: Your Inco	me							12/15
sup spo atta	as complete and accurate as possil plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O  The complete and accurate as possil plying to the complete as possible to the complete are completed.	re married and not filing spouse is not filing with	g jointly, and your s h you, do not includ	spouse is de informa	living vation at	with you, inclu bout your spou	de informa ise. If more	ntion about you space is need	our eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fil	ling spouse	
	If you have more than one job,	Employment status	☐ Employed	☐ Employed			oyed		
	attach a separate page with information about additional employers.	Employment status  Occupation	■ Not employed			■ Not e	■ Not employed		
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed th	nere?						
Par	t 2: Give Details About Mont	hly Income							
	mate monthly income as of the dat ss you are separated.	e you file this form. If y	ou have nothing to re	port for any	/ line, w	rite \$0 in the sp	ace. Include	e your non-filir	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this forn		oine the information fo	or all emplo	yers fo	r that person on	the lines be	elow. If you ne	ed more
					Fo	or Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly overting	ne pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	0.00	\$	0.00	

				Fo	or Debtor 1		Debtor 2 or filing spouse	
	Сору	line 4 here	4.	\$	0.00	\$	0.00	<u></u>
5.	List a	II payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	)
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	)
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	)
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	)
	5e.	Insurance	5e.	\$	0.00	\$	0.00	_
	5f.	Domestic support obligations	5f.	\$.	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$	0.00	\$	0.00	_
	5h.	Other deductions. Specify:	5h.+	\$.	0.00	+ \$	0.00	<u>)                                    </u>
6.	Add t	he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	0.00	\$	0.00	_
7.		slate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	0.00	\$	0.00	<u>)                                    </u>
8.	List a 8a.	Ill other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	•		¢		
	Oh	monthly net income.	8a.	\$ \$	0.00	\$	0.00	
	8b. 8c.	Interest and dividends	8b.	Ф.	0.00	»—	0.00	<u>)                                    </u>
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	)
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	)
	8e.	Social Security	8e.	\$	1,503.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	_ <u>)</u>
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	\$.	0.00	+ \$	0.00	<u>)                                    </u>
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,503.00	\$	0.0	0
10.	Calcu	late monthly income. Add line 7 + line 9.	10. \$		1,503.00 + \$		0.00 = \$	1,503.00
	Add tl	he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						,
11.	Includ other	all other regular contributions to the expenses that you list in Schedule and the contributions from an unmarried partner, members of your household, your definition or relatives.  It include any amounts already included in lines 2-10 or amounts that are not available.	ependen		·		ile J. 11+\$	0.00
12.		he amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain						1,503.00
13.	Do yo	ou expect an increase or decrease within the year after you file this form?  No.	?				Combi month	ned ly income
		Yes. Explain:						
	Ц	1 00. Expiditi.						

Fill	in this informa	ition to identify you	ur case:					
Debt	tor 1	Lind Patrick	McCaffr	20		Che	ck if this is:	
		LIIIU FAIIICK	WicCairre	<del></del>			An amended filing	
Debt	tor 2	Rose Colleer	n McCaff	ree		. –	•	ing postpetition chapter 13
(Spc	ouse, if filing)						expenses as of the	following date:
Unite	ed States Bankr	ruptcy Court for the:		ERN DISTRICT OF WASH	NGTON,		MM / DD / YYYY	
I	e number nown)							
└ Of	fficial Fo	orm 106J				I		
Sc	chedule	J: Your E	xpen	ses				12/15
info	ormation. If m known). Answ		ded, attac n.	If two married people are th another sheet to this fo				supplying correct ir name and case number
1 ai	Is this a joir		ioiu					
	☐ No. Go to							
	_	s Debtor 2 live in	a separa	te household?				
	_							
	■ N □ Y	-	t file Officia	al Form 106J-2, <i>Expenses f</i>	or Separate Househ	noldof Debto	r 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								☐ No
								☐ Yes
								□ No
_	_							☐ Yes
3.	expenses of	penses include f people other th d your dependen	an ┌	No Yes				
exp	imate your ex		ur bankru	y Expenses ptcy filing date unless yo is filed. If this is a supple				
valu		sistance and hav		overnment assistance if y d it on Schedule I: Your II			Your expo	enses
4.		•	ip expens	ses for your residence. Ind	clude first mortgage			4.000.55
		d any rent for the		-	3 3 4	4. \$		1,600.00
	If not includ	led in line 4:						
		estate taxes				4a. \$		0.00
		rty, homeowner's,				4b. \$		250.00
		maintenance, rep				4c. \$		0.00
5.		owner's association		ominium dues <b>ur residence,</b> such as hom	e equity loans	4d. \$ 5. \$		0.00
٥.	Additional	Lyaye payiile	ioi y0	a coiacilee, sacil as illill	o oquity iodi io	J. 4	•	0.00

Debtor 1 Debtor 2	McCaffree, Lind Patrick	& McCaffree, Rose Colleen	Case num	ber (if known)	
-	ities:				
6a.	Electricity, heat, natural gas		6a.	\$	200.00
6b.	Water, sewer, garbage collec	tion	6b.		117.00
6c.		net, satellite, and cable services	6c.	\$	124.00
6d.	Other. Specify:		6d.	\$	0.00
	od and housekeeping supplies		7.	\$	50.00
_	Idcare and children's education		8.	\$	0.00
. Clo	thing, laundry, and dry cleani	ng	9.	\$	0.00
). <b>Pe</b> r	sonal care products and serv	ces	10.	\$	0.00
1. <b>M</b> e	dical and dental expenses		11.	\$	0.00
Do	nsportation. Include gas, main not include car payments.	·	12.	·	100.00
3. <b>En</b> t	ertainment, clubs, recreation,	newspapers, magazines, and books	13.	\$	0.00
l. Ch	aritable contributions and reli	gious donations	14.	\$	0.00
Do	urance. not include insurance deducted . Life insurance	from your pay or included in lines 4 or 20.	15a.	\$	0.00
	. Health insurance		15b.	·	0.00
	. Vehicle insurance		15c.	·	100.00
	. Other insurance. Specify:		15d.	·	
	· · · <u> </u>	ed from your pay or included in lines 4 or 20.	130.	Ψ	0.00
Spe	ecify:	ed from your pay or included in lines 4 or 20.	16.	\$	0.00
	tallment or lease payments:  . Car payments for Vehicle 1		17a.	\$	0.00
	. Car payments for Vehicle 2		17b.	·	0.00
	. Other. Specify:		17c.	· —	0.00
	. Other. Specify:		17d.		0.00
	· · · —	enance, and support that you did not rep		Ψ	0.00
		i, Schedule I, Your Income (Official Form 1		\$	0.00
		port others who do not live with you.		\$	0.00
Spe	ecify:		19.		
). Oth	er real property expenses not	included in lines 4 or 5 of this form or on	Schedule I: You	r Income.	
20a	. Mortgages on other property		20a.	\$	0.00
20k	. Real estate taxes		20b.	\$	0.00
200	. Property, homeowner's, or re-	nter's insurance	20c.	\$	0.00
200	. Maintenance, repair, and upk	eep expenses	20d.	\$	0.00
20€	. Homeowner's association or	condominium dues	20e.	\$	0.00
. Oth	er: Specify:		21.	+\$	0.00
Cal	culate your monthly expenses				
	. Add lines 4 through 21.	•		s	2,541.00
	•	es for Debtor 2), if any, from Official Form 10	ne I-2	\$	2,541.00
			703-2		
220	. Add line 22a and 22b. The res	uit is your montniy expenses.		\$	2,541.00
3. <b>Ca</b> l	culate your monthly net incor	ne.			
		monthly income) from Schedule I.	23a.	\$	1,503.00
	. Copy your monthly expenses		23b.	-\$	2,541.00
					, <u> </u>
230	. Subtract your monthly expens The result is your <i>monthly ne</i>		23c.	\$	-1,038.00
For mod	example, do you expect to finish pa lification to the terms of your mortga No.	crease in your expenses within the year at ying for your car loan within the year or do you exp ge?			ease or decrease because of a
	Yes. Explain here:				

Fill in this in	formation to identify yo	ur case:	
Debtor 1	Lind Patrick McC	affree	
	First Name	Middle Name Last Name	
Debtor 2	Rose Colleen Mc	Caffree	
Spouse if, filing)	First Name	Middle Name Last Name	9
Jnited States Ba	inkruptcy Court for the:	WESTERN DISTRICT OF WASHINGTO	N, SEATTLE DIVISION
Case number			
f known)			☐ Check if this is an amended filing
u must file thistaining money	s form whenever you fil	connection with a bankruptcy case can i	ng correct information. edules. Making a false statement, concealing property, or result in fines up to \$250,000, or imprisonment for up to 20
Sign	n Below		
Did you pa	y or agree to pay some	one who is NOT an attorney to help you fi	ll out bankruptcy forms?
■ No			
☐ Yes. N	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	Ity of perjury, I declare to true and correct.	hat I have read the summary and schedu	les filed with this declaration and
X /s/ Line	d Patrick McCaffree	X /s/ i	Rose Colleen McCaffree
	atrick McCaffree re of Debtor 1		se Colleen McCaffree lature of Debtor 2
Date	December 6, 2018	Date	December 6, 2018

	Fill in th	is information to identify your case:		
Deb	tor 1	Lind Patrick McCaffree		
Deh	tor 2	First Name Middle Name Last Name  Rose Colleen McCaffree		
	use if, filing)	First Name Middle Name Last Name		
Unit	ed States Ba	nkruptcy Court for the: WESTERN DISTRICT OF WASHINGTON, SEATTLE DIVISION		
	e number _			
(if kn	own)		_	eck if this is an ended filing
			am	chaca ming
∩ff	icial Fo	rm 106Sum		
		of Your Assets and Liabilities and Certain Statistical Information		12/15
Be a	s complete a mation. Fill o original for	and accurate as possible. If two married people are filing together, both are equally responsible for some tall of your schedules first; then complete the information on this form. If you are filing amended ms, you must fill out a new Summary and check the box at the top of this page.  Arrize Your Assets		
ı alı	J. Juliin	arize Four Assets		,
				r assets e of what you own
1.	Schedule A	/B: Property (Official Form 106A/B)	•	242 520 00
		e 55, Total real estate, from Schedule A/B	\$_	342,529.00
	1b. Copy lin	e 62, Total personal property, from Schedule A/B	\$ _	3,115.00
	1c. Copy lin	e 63, Total of all property on Schedule A/B	\$_	345,644.00
Part	2: Summ	arize Your Liabilities		
				r liabilities unt you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	286,517.00
3.		#F: Creditors Who Have Unsecured Claims (Official Form 106E/F) te total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$_	58,000.00
	3b. Copy th	ne total claims from Part 2 (nonpriority unsecured claims) from line 6j & Chedule E/F	\$_	885.00
		Your total liabilities	\$	345,402.00
Part	3: Summ	arize Your Income and Expenses		
4.		Your Income(Official Form 106I)		
٦.		combined monthly income from line 12 oSchedule I	\$_	1,503.00
5.		Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J	\$_	2,541.00
Part	4: Answe	er These Questions for Administrative and Statistical Records		
6.	-	ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this form to the court with your ot	her sche	edules.
7.	■ Yes What kind	of debt do you have?		
		lebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a pe." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	ersonal,	family, or household

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,503.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	58,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	58,000.00

	Fill in this	s information to ident	ity your case:			
Debto	or 1	Lind Patrick Mc		Last Name		
Debto	or 2	First Name	Middle Name	Last Name		
	e if, filing)	Rose Colleen M	Middle Name	Last Name		
United	d States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	WASHINGTON, SEATTLE	DIVISION	
	number _					
(if know	vn)					Check if this is an amended filing
Stat Be as inform	tement complete a	nd accurate as possil	Affairs for Individual leading to the leading of the leading to th	filing together, both are e	qually responsible for supp	
Part 1	Give D	Details About Your Ma	rital Status and Where You L	ived Before		
1. W	Vhat is you	r current marital statu	s?			
	■ Married □ Not mai					
2. D	ouring the la	ast 3 years, have you	lived anywhere other than wh	nere you live now?		
	■ No □ Yes. Lis	t all of the places you liv	ved in the last 3 years. Do not in	clude where you live now.		
[	Debtor 1 Pr	ior Address:	Dates Debtor 1 liv	ved Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	and territori		rer live with a spouse or legal ifornia, Idaho, Louisiana, Neva			
	Yes. Ma	ake sure you fill out <i>Sch</i>	edule H: Your Codebtors (Offici	al Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
F	ill in the tota	al amount of income yo	nployment or from operating u received from all jobs and all lave income that you receive tog	businesses, including part-	ime activities.	ndar years?
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 2 M	cCaffree, l	ind Patricl	k & McCaffree, Rose Co	lleen Cas	e number (if known)		
5.	Include in other publ	come regardl lic benefit pay	ess of whethe ments; pensi	ons; rental income; interest; di	previous calendar years? nples of other income are alim- vidends; money collected from gether, list it only once under [	lawsuits; royalties;		
	List each	source and th	ne gross incor	me from each source separate	ly. Do not include income that	you listed in line 4.		
	□ No							
	Yes.	Fill in the de	tails.					
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
		y 1 of currer filed for ban		2018 YTD Social Security	\$18,036.00			
	r last caler inuary 1 to	ndar year: December :	31, 2017 )	2017 Social Security	\$19,260.00			
		dar year bet December :		2016 Social Security	\$7,390.00			
				2016 odd jobs	\$18,272.15			
6.	No. ■ Yes.	Neither De individual puring the No. Yes	90 days befor Go to line 7 List below e creditor. Do payments to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e payments for this bankrup	personal, family, or household re you filed for bankruptcy, did reach creditor to whom you paid to not include payments for do to an attorney for this bankruptcy on 4/01/19 and every 3 years re both have primarily consure you filed for bankruptcy, did reach creditor to whom you paid or domestic support obligations	mer debts. Consumer debts purpose."  you pay any creditor a total of a total of \$6,425* or more in comestic support obligations, suby case. after that for cases filed on or mer debts.  you pay any creditor a total of a total of \$600 or more and the s, such as child support and all and a total of \$600 or more and the s, such as child support and all and a total of \$600 or more and the s, such as child support and all and a total of \$600 or more and the s, such as child support and all and total of \$600 or more and the s, such as child support and all and total of \$600 or more and the s, such as child support and all and total of \$600 or more and the s, such as child support and all and total of \$600 or more and the s, such as child support and all total amount	\$6,425* or more? one or more paymer ich as child support after the date of additional section of the section of	nts and the tota t and alimony. justment. paid that credi	al amount you paid that Also, do not include tor. Do not include
	Creditor	S Hairie all	Auuless	Dates of payme	paid	still owe	reas uns pa	ymention
7.	7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider.				ner; corporations of cluding one for a			
	Insider's	Name and	Address	Dates of payme	ent Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1	year before	you filed for	bankruptcy, did you make a	any payments or transfer an		ount of a del	ot that benefited an

Debtor 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 1 McCaffree, Lind Patrick & McCa	affree, Rose Colleen	Cas	e number (if known)		
	insider? Include payments on debts guaranteed or cosig	ned by an insider.				
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		erty repossessed, for	reclosed, garnish	ned, attached,	seized, or levied?
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>					
	Creditor Name and Address	Describe the Property		Date		Value of the property
	The Law Offices of Michelle Ghidotti 13751 Lake City Way NE Seattle, WA 98125-8612	Explain what happene Residence Foreclosure proces  Property was reposs Property was foreclos Property was garnish Property was attaches	essed. sed. ned.	12/0	7/2018	\$342,529.00
<ul> <li>11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from y accounts or refuse to make a payment because you owed a debt?</li> <li>■ No</li> <li>□ Yes. Fill in the details.</li> </ul>					nounts from your	
	Creditor Name and Address	Describe the action th	e creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or as  ■ No □ Yes		erty in the possessio	n of an assignee	for the benef	it of creditors, a
Pai	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.	tcy, did you give any gift	s with a total value o	f more than \$600	per person?	
	Gifts with a total value of more than \$600 person	per Describe the gifts	•	Date: the g	s you gave lifts	Value
	Person to Whom You Gave the Gift and Address:					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	McCaffree, Lind Patrick & McC	Caffree, Rose Colleen	Case number	r (if known)	
14.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or cor		ributions with a tota	ıl value of more than \$6	600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	,	uted	Dates you contributed	Value
Pa	tt 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?	tcy or since you filed for bankrupt	y, did you lose anyt	thing because of theft,	fire, other disaster,
	■ No □ Yes. Fill in the details.				
		Describe any insurance coverage Include the amount that insurance has insurance claims on line 33 of Sched	as paid. List pending	Date of your loss	Value of property lost
Pa	t 7: List Certain Payments or Transfers				
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or pillinclude any attorneys, bankruptcy petition present the second of the se	reparing a bankruptcy petition? parers, or credit counseling agencies	for services required in	n your bankruptcy.	y to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of a transferred	ny property	Date payment or transfer was made	Amount of payment
	DC Law Group 12055 15th Ave NE Ste B Seattle, WA 98125-5031	Retainer Chp 7: \$1000 Initial Court Filing Fee		12/03/2018	\$1,100.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that you	tors or to make payments to your		or transfer any propert	y to anyone who
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>				
	Person Who Was Paid Address	Description and value of a transferred	ny property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your include both outright transfers and transfers rigifts and transfers that you have already listed.  No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting			
	Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred		e any property or as received or debts exchange	Date transfer was made
	. 5.5511 5 Totationship to you				

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2 McCaffree, Lind Patrick & McCaffre	ee, Rose Colleen		Case nun	nber (if known)	
	beneficiary? (These are often called asset-protects ■ No □ Yes. Fill in the details.	ion devices.)				
	Name of trust	Description and val	ue of the pro	perty trans	sferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ments. Safe Deposit Bo	exes, and Sto	orage Units		
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, association No  Yes. Fill in the details.	vere any financial accounts	unts or instru	uments hel	d in your name, or for yo	
			Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for ba	ınkruptcy, ar	ny safe dep	osit box or other deposi	tory for securities,
	☐ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it?  Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or pl  ■ No □ Yes. Fill in the details.	lace other than your ho	ome within 1	year before	e you filed for bankrupto	sy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had to it? Address (Number, Stre and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that some someone.  No Yes, Fill in the details.	one else owns? Include	any propert	y you borr	owed from, are storing f	or, or hold in trust for
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proper (Number, Street, City, Sta Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Inform	ation				
	the purpose of Part 10, the following definitions					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai controlling the cleanup of these substances, was site means any location, facility, or property as own, operate, or utilize it, including disposal site	ir, land, soil, surface wa astes, or material. defined under any env	ater, ground	water, or ot	ther medium, including s	tatutes or regulations
	Hazardous material means anything an environ material, pollutant, contaminant, or similar term		a hazardous	waste, haz	ardous substance, toxic	substance, hazardous
_						

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 McCaffree, Lind Patrick & McCa	affree, Rose Colleen	Case number (if known)	_						
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No										
	☐ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of	fany release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or add	ministrative proceeding under any envir	onmental law? Include settlements a	nd orders.						
	■ No									
	☐ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	t 11: Give Details About Your Business or	Connections to Any Business								
27.	Within 4 years before you filed for bankrup	tcv. did you own a business or have any	of the following connections to any	husiness?						
	<u> </u>	in a trade, profession, or other activity, o								
	_	•	·							
	_	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership									
	☐ An officer, director, or managing ex	ecutive of a corporation								
	$\square$ An owner of at least 5% of the voting or equity securities of a corporation									
	No. None of the above applies. Go to Part 12.									
	☐ Yes. Check all that apply above and fil	I in the details below for each business.								
	Business Name	Describe the nature of the business	Employer Identification number	er						
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security  Dates business existed	number or ITIN.						
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Inclu	de all financial						
	■ No □ Yes. Fill in the details below.									
	Name Address	Date Issued								
	(Number, Street, City, State and ZIP Code)									
Par	t 12: Sign Below									
true bank	ve read the answers on this Statement of Finand correct. I understand that making a fals kruptcy case can result in fines up to \$250,0 .S.C. §§ 152, 1341, 1519, and 3571.	se statement, concealing property, or obt	taining money or property by fraud in							
/s/	Lind Patrick McCaffree	/s/ Rose Colleen McCaffro	ee							
	d Patrick McCaffree nature of Debtor 1	Rose Colleen McCaffree Signature of Debtor 2								
Dat	December 6, 2018	Date December 6, 2018	3							
Offici	al Form 107 State	ment of Financial Affairs for Individuals Filing	for Bankruptcy	page <b>6</b>						

Software Copyright (c) 2018 CINGroup - www.cincompass.com

Debtor 1 Debtor 2	McCaffree, Lind Patrick & McCaffree, Rose Colleen	Case number (if known)
<b>Did you att</b> ■ No □ Yes	tach additional pages to Your Statement of Financial Affairs for Individua	als Filing for Bankruptcy (Official Form 107)?
Did you pa	y or agree to pay someone who is not an attorney to help you fill out ba	nkruptcy forms?
No		
☐ Yes. Na	me of Person Attach the Bankruptcy Petition Preparer's Notice, Decla	ration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

## **United States Bankruptcy Court** Western District of Washington, Seattle Division

In re	McCaffree, Lind Patrick & McCaffree, Rose Colleen		Case No.	
	Debtor(s		Chapter	7
	DISCLOSURE OF COMPENSATION O	F ATTORNEY	FOR D	EBTOR
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept	\$		1,000.00
	Prior to the filing of this statement I have received			1,000.00
	Balance Due	\$		0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
<b>4</b> . ■	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.			
[	I have agreed to share the above-disclosed compensation with a person copy of the agreement, together with a list of the names of the people sl			
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			
b. c.	Analysis of the debtor's financial situation, and rendering advice to the dependence of the debtor and filing of any petition, schedules, statement of affairs and Representation of the debtor at the meeting of creditors and confirmation [Other provisions as needed]  In all Chapter 13 cases, the attorney fees and cost shall motion shall be brought to establish the exact amount. information.	I plan which may be n hearing, and any ad I be actual time ar	required; journed hea nd costs e	expended. A seperate
6. B	y agreement with the debtor(s), the above-disclosed fee does not include to Credit Counseling, Debtor Education, Court Filing Fees, actions, judicial liens avoidances, relief from stay action forth above. Representation is limited to and on the term counsel; a copy of which will be produced if requested by	Representation or any other admission of the fee agre	f the debt versary pr ement bet	roceeding or matter not set
	CERTIFICATIO	ON		
	certify that the foregoing is a complete statement of any agreement or arrankruptcy proceeding.	ngement for paymen	t to me for	representation of the debtor(s) in
De		hew J. Cunanan		
Da		v J. Cunanan e of Attorney		
	DC Law			
	12055 1	5th Ave NE Ste B		
		WA 98125-5031		
		w@dclglawyers.co	om	
	Name of	law firm		